

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000104771

Entity Name: CARE IN CHRIST, INC.

FILED
Mar 02, 2006
Secretary of State

Current Principal Place of Business:

5763 STEWART AVE
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

5763 STEWART AVE
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-3754103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHURCHMAN, RICHARD K
1255 MASON AVENUE
DAYTONA BEACH, FL 32117 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GAFFKA, ANN M
Address: 1255 MASON AVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: STD () Delete
Name: GAFFKA, BRUCE J
Address: 1255 MASON AVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: GAFFKA, CRAIG J
Address: 1255 MASON AVE
City-St-Zip: DAYTON BEACH, FL 32117

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE J GAFFKA

STD

03/02/2006

Electronic Signature of Signing Officer or Director

Date